

TRANSMITTAL FORM

Attorney Docket No:
CA920010044US1/2329PIn re the application of: **Calisto P. ZUZARTE** Confirmation No: **8633**Serial No: **10/021,520**Group Art Unit: **2164**Filed: **October 30, 2001**Examiner: **Chojnacki, Melissa M.**For: **Method of Cardinality Estimation Using Statistical Soft Constraints**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln.	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	23	24	0	\$ 50.00	\$ 0.00
Independent Claims	5	6	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT


Attorney Name: **Joseph A. Sawyer, Jr., Reg. No. 30,801**Signature: Date: **June 29, 2006**

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Melissa M. Chojnacki via the USPTO EFS-Web on **June 29, 2006**.Type or printed name: **Jinny Nguyen**Signature: 

CERTIFICATE OF TRANSMISSION

Thereby certify that this correspondence is being transmitted to Examiner Mellissa M. Chojnacki via the USPTO EFS-Web on June 29, 2006.


Hany Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: June 29, 2006

Calisto P. ZUZARTE

Confirmation No. 8633

Serial No: 10/021,520

Group Art Unit: 2164

Filed: October 30, 2001

Examiner: Chojnacki, Mellissa M.

For: **METHOD OF CARDINALITY ESTIMATION USING STATISTICAL SOFT
CONSTRAINTS**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated May 17, 2006, please amend the above-identified application in the following manner.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.